



PTO/SB/21 (01-08)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number 10/749,049

Filing Date December 23, 2003

First Named Inventor Eslambolchi

Art Unit 2616

Examiner Name Gary Mui

Attorney Docket Number 2002-0496

ENCLOSURES (Check all that apply)

- | | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wendy W. Koba, Esq.		
Signature			
Printed name	Wendy W. Koba		
Date	February 28, 2008	Reg. No.	30509

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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**EXPRESS MAIL
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Patent Application for:

Applicants: Hossein Eslambolchi et al.

Atty. No: 2002-0496

Title: Sonet Network Outage Impact Measurement

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01 FC:1501 1440.00 DP
 02 FC:8001 3.00 DP

Wendy W. Koba (Depositor's name)
 Wendy W. Koba (Signature)
 2/28/2008 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/749,049	12/29/2003	Hoşsein Eslamböğçi	2002-0496	7380

TITLE OF INVENTION: SONET NETWORK OUTAGE IMPACT MEASUREMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$0	\$1440	03/03/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MUI, GARY	2616	370-242000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Wendy W. Koba
 2
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AT&T Corp.

New York, NY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ Publication Fee (No small entity discount permitted)
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☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Wendy W. Koba

Date February 28, 2008

Typed or printed name

Wendy W. Koba

Registration No. 30509

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